



Affiliation Group Profile
Presented by Ingenix Impact Intelligence

PCP Patterns of Care

For the 12 Months
Ending 6/30/2011

Affiliation Group

Affiliation ID:

Affiliation Description:

Peer Group

Peer Group Member Months:

2,108,811

Peer Group Name:

Centene PCP (Pediatric)

Key Statistics

Number of Members: 22,639

Number of Providers: 13

Member Months: 181,164

Member Panel Morbidity Index: 0.95

Overall Quality Index: 1.17

Overall Cost Index, Population: 1.09

Confidence Intervals for the Index

Overall Quality Index: 1.15 to 1.18 **

Overall Cost Index, Population: 1.07 to 1.1 **

Statistical significance of difference between
index and peer group average: * $p < 0.10$; ** $p < 0.05$

Member Panel Analysis

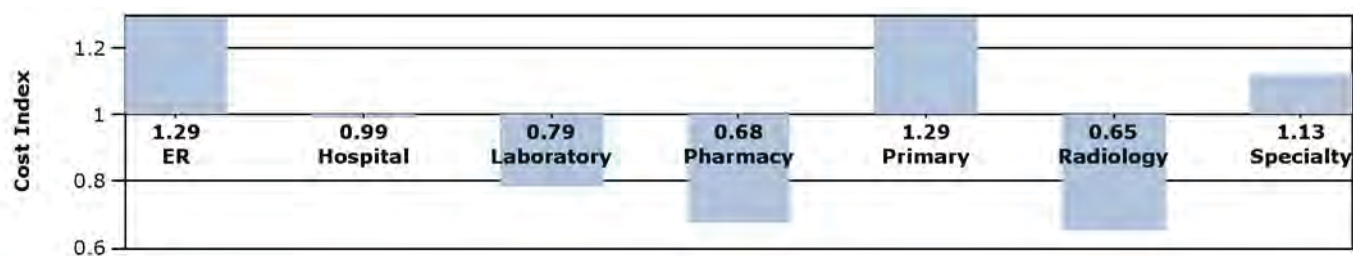
Age Group	Female			Male			Total		
	Actual #	Actual %	Peers %	Actual #	Actual %	Peers %	Actual #	Actual %	Peers %
00-17	88,925	49.1%	48.5%	90,341	49.9%	50.1%	179,266	99.0%	98.6%
18-30	1,305	0.7%	0.8%	460	0.3%	0.5%	1,765	1.0%	1.3%
31-44	133	0.1%	0.1%	0	0.0%	0.0%	133	0.1%	0.1%
45-64	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.1%
65-74	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
75+	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
Total	90,363	49.9%	49.4%	90,801	50.1%	50.6%	181,164	100.0%	100.0%

Quality Measures

As of the End of the Report Period
(Members Must be Continuously Enrolled with Plan a Minimum of 12 Months)

	Number of Quality Opportunities		Rates		Index
	With Compliance	Total	Actual Rate	Peer Rate	Quality Index
Otolaryngology					
Pharyngitis (NS)					
Pt(s) treated w/ an abx for pharyngitis that had a Group A streptococcus test.	76	84	0.90	0.68	1.34
Sinusitis, Acute					
Pt(s) treated w/ an abx for acute sinusitis that received a first line abx.	52	57	0.91	0.71	1.28
Psychiatry					
ADHD (NS)					
Pt(s) w/ an amb follow-up visit w/ a presc prov during the 30 dys after the initial ADHD presc, AND 2 follow-up visits during the 31 dys through 300 dys after the initial ADHD presc.	1	2	0.50	0.51	0.97
ADHD (NS)					
Pt(s) w/ an amb follow-up visit w/ a presc prov during the 30 dys after the initial ADHD presc.	8	22	0.36	0.42	0.86
Pulmonology					
Asthma (NS)					
Pt(s) w/ presumed persistent asthma using an inhaled corticosteroid or acceptable alternative.	66	70	0.94	0.94	1.00
URI (NS)					
Pt(s) w/ a dx of URI that did not have a presc for an abx on or 3 dys after the initiating visit.	1,245	1,273	0.98	0.92	1.07
Total	1,448	1,508	0.96	0.89	1.08

Cost Index Summary, by Service Category



Cost and Utilization Summary Measures

Profiled Costs

	PMPM			Total
	Actual	Peers	Index	Actual
ER	\$12.81	\$9.91	1.29	\$2,321,172
Hospital Services	\$13.01	\$13.09	0.99	\$2,356,118
Laboratory	\$1.45	\$1.84	0.79	\$262,205
Pharmacy	\$18.10	\$26.77	0.68	\$3,278,291
Primary Care Core	\$26.36	\$20.38	1.29	\$4,775,822
Radiology	\$1.63	\$2.50	0.65	\$294,695
Specialty Care	\$21.76	\$19.33	1.13	\$3,941,988
Total	\$95.11	\$93.83	1.01	\$17,230,291

Overall Cost Index: 1.09

Utilization Rates Per 1,000 Members

Number of Encounters(Annualized per 1,000 Members)

	Actual	Peers	Index
Primary Care Visit Rate	3,738	3,600	1.04
Specialty Care Referral Rate	733	675	1.09
Visits per Specialist Referral	828	830	1.00
Radiology Procedure Rate	359	369	0.97
MRI Procedure Rate	8	10	0.73
Laboratory Procedure Rate	1,378	1,051	1.31
Overall Prescribing Rate	5,730	7,665	0.75
Generic Prescribing %	65%	65%	1.01
ER Visit Rate	603	532	1.13
Admits per 1000 Members	13	19	0.69
Days per 1000 Members	29	46	0.63
Average Length of Stay	2.27	2.47	0.92

Episode Detail and Analysis

Attention deficit disorder

Total Specialty Episode Costs: \$440,228

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	487	\$903.49	\$184.57	\$48.03	\$1.38	\$2.52	\$14.73	\$646.87	\$5.40
Peers		\$1,113.41	\$139.89	\$62.61	\$3.97	\$1.59	\$23.06	\$875.64	\$6.65
Index			1.32	0.77	0.35	1.58	0.64	0.74	0.81

Encounters per 1000 Episodes

Actual			2,974	580	20	5	99	5,168	13
Peers			2,963	1,123	38	4	314	7,210	20
Index			1.00	0.52	0.53	1.36	0.31	0.72	0.67

Otitis media

Total Specialty Episode Costs: \$713,793

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	3,511	\$203.30	\$97.66	\$10.75	\$0.25	\$0.22	\$9.72	\$60.05	\$24.65
Peers		\$186.91	\$72.91	\$15.49	\$0.48	\$0.29	\$11.55	\$67.92	\$18.28
Index			1.34	0.69	0.53	0.77	0.84	0.88	1.35

Encounters per 1000 Episodes

Actual			2,279	443	21	7	33	2,275	113
Peers			1,748	445	15	4	80	2,354	103
Index			1.30	1.00	1.40	1.77	0.42	0.97	1.10

Tonsillitis, adenoiditis or pharyngitis

Total Specialty Episode Costs: \$579,385

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	3,554	\$163.02	\$98.09	\$9.62	\$6.68	\$0.10	\$6.06	\$28.18	\$14.30
Peers		\$124.82	\$71.63	\$7.87	\$3.02	\$0.23	\$6.01	\$27.45	\$8.61
Index			1.37	1.22	2.21	0.43	1.01	1.03	1.66

Encounters per 1000 Episodes

Actual			2,426	505	288	6	27	1,201	64
Peers			1,919	315	103	4	65	1,390	45
Index			1.26	1.60	2.81	1.38	0.42	0.86	1.41

Allergic rhinitis

Total Specialty Episode Costs: \$291,010

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	1,200	\$242.51	\$83.46	\$6.91	\$4.71	\$0.65	\$0.46	\$134.57	\$11.75
Peers		\$259.44	\$70.22	\$19.96	\$9.61	\$0.87	\$1.95	\$149.40	\$7.43
Index			1.19	0.35	0.49	0.74	0.24	0.90	1.58

Encounters per 1000 Episodes

Actual			1,885	407	82	6	9	3,334	47
Peers			1,656	532	64	4	37	3,605	36

Reporting Period : 7/1/2009 - 6/30/2011

Affiliation Group Name:

Index	1.14	0.76	1.30	1.28	0.25	0.92	1.30
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Chronic sinusitis

Total Specialty Episode Costs: \$89,073

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	163	\$548.14	\$152.55	\$63.02	\$5.93	\$6.21	\$6.90	\$242.08	\$71.46
Peers		\$454.88	\$121.72	\$39.97	\$13.38	\$11.24	\$9.73	\$231.92	\$26.92
Index			1.25	1.58	0.44	0.55	0.71	1.04	2.65

Encounters per 1000 Episodes

Actual			3,630	1,130	170	55	74	7,354	298
Peers			2,875	832	113	48	101	7,134	140
Index			1.26	1.36	1.50	1.15	0.73	1.03	2.13

Acute bronchitis

Total Specialty Episode Costs: \$139,532

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	503	\$277.40	\$98.89	\$64.25	\$0.47	\$0.26	\$13.84	\$49.02	\$50.66
Peers		\$236.87	\$68.89	\$28.41	\$1.42	\$0.66	\$12.43	\$106.49	\$18.56
Index			1.44	2.26	0.33	0.40	1.11	0.46	2.73

Encounters per 1000 Episodes

Actual			2,187	2,101	34	30	147	2,215	229
Peers			1,613	926	29	17	115	3,373	103
Index			1.36	2.27	1.17	1.79	1.27	0.66	2.22

Asthma

Total Specialty Episode Costs: \$1,532,071

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	1,596	\$960.14	\$184.33	\$81.47	\$3.06	\$1.05	\$36.31	\$610.63	\$43.31
Peers		\$784.21	\$111.96	\$56.63	\$4.15	\$1.49	\$42.43	\$535.09	\$32.47
Index			1.65	1.44	0.74	0.71	0.86	1.14	1.33

Encounters per 1000 Episodes

Actual			3,449	4,176	38	47	181	8,878	163
Peers			2,326	1,886	41	25	232	7,050	110
Index			1.48	2.21	0.91	1.86	0.78	1.26	1.48

Bacterial infection of skin

Total Specialty Episode Costs: \$91,258

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	552	\$165.32	\$76.42	\$21.03	\$1.77	\$0.32	\$20.78	\$31.34	\$13.68
Peers		\$309.68	\$54.75	\$33.39	\$3.35	\$1.39	\$147.73	\$50.78	\$18.28
Index			1.40	0.63	0.53	0.23	0.14	0.62	0.75

Encounters per 1000 Episodes

Actual			1,719	593	110	8	42	1,654	69
Peers			1,293	596	99	18	119	1,837	76
Index			1.33	0.99	1.11	0.44	0.35	0.90	0.91

Member Quality Non-Compliance List

Member ID	Member Name	Date of Birth	Gender	Age	Condition	Case	Rule
		4/10/2000	M	10	Psychiatry	ADHD (NS)	Pt(s) w/ an amb follow-up visit w/ a presc prov during the 30 dys after the initial ADHD presc.
		8/12/2008	M	1	Pulmonology	URI (NS)	Pt(s) w/ a dx of URI that did not have a presc for an abx on or 3 dys after the initiating visit.
		10/29/1999	M	10	Psychiatry	ADHD (NS)	Pt(s) w/ an amb follow-up visit w/ a presc prov during the 30 dys after the initial ADHD presc.
		12/17/2005	F	4	Pulmonology	URI (NS)	Pt(s) w/ a dx of URI that did not have a presc for an abx on or 3 dys after the initiating visit.
		10/29/1999	M	10	Psychiatry	ADHD (NS)	Pt(s) w/ an amb follow-up visit w/ a presc prov during the 30 dys after the initial ADHD presc, AND 2 follow-up visits during the 31 dys through 300 dys after the initial ADHD presc.
		2/11/2007	M	3	Pulmonology	URI (NS)	Pt(s) w/ a dx of URI that did not have a presc for an abx on or 3 dys after the initiating visit.
		11/23/2008	F	1	Pulmonology	URI (NS)	Pt(s) w/ a dx of URI that did not have a presc for an abx on or 3 dys after the initiating visit.
		7/5/2003	F	6	Pulmonology	URI (NS)	Pt(s) w/ a dx of URI that did not have a presc for an abx on or 3 dys after the initiating visit.
		11/30/2007	F	2	Pulmonology	URI (NS)	Pt(s) w/ a dx of URI that did not have a presc for an abx on or 3 dys after the initiating visit.
		10/26/1996	M	13	Pulmonology	Asthma (NS)	Pt(s) w/ presumed persistent asthma using an inhaled corticosteroid or acceptable alternative.
		5/11/1998	M	12	Otolaryngology	Sinusitis, Acute	Pt(s) treated w/ an abx for acute sinusitis that received a first line abx.
		8/4/2005	F	4	Pulmonology	URI (NS)	Pt(s) w/ a dx of URI that did not have a presc for an abx on or 3 dys after the initiating visit.

Reporting Period : 7/1/2009 - 6/30/2011

Affiliation Group Name:

		8/26/2007	F	2	Pulmonology	URI (NS)	Pt(s) w/ a dx of URI that did not have a presc for an abx on or 3 dys after the initiating visit.
		7/9/2009	F	0	Pulmonology	URI (NS)	Pt(s) w/ a dx of URI that did not have a presc for an abx on or 3 dys after the initiating visit.
		2/25/1999	M	11	Psychiatry	ADHD (NS)	Pt(s) w/ an amb follow-up visit w/ a presc prov during the 30 dys after the initial ADHD presc.
		7/20/2009	M	0	Pulmonology	URI (NS)	Pt(s) w/ a dx of URI that did not have a presc for an abx on or 3 dys after the initiating visit.
		1/6/2007	F	3	Otolaryngology	Pharyngitis (NS)	Pt(s) treated w/ an abx for pharyngitis that had a Group A streptococcus test.

Report Introduction and Interpretation

Patterns of Care

This section gives an overview of the performance of the report entity (individual provider or group) for the 12 month period ending on the date in the banner of the section. Note that claims paid in the 3 months after that date for dates of service in those 12 months prior to the date are included in the data. All comparisons in the report are with the report entity peer group, based on a peer definition centered on a specialty. This population based report contains cost and utilization information on the members attributed as primary care patients to the report entity.

The Peer Group Name identifies the comparison group for the report. Note that the information on which all of this report is based is for completed, non-outlier episodes that ended during the last 12 months of the report period.

Members are attributed to only one primary care provider, based on assignment at the end of the report period.

Number of Providers: This field, in a group report only, reports the number of providers in this peer group with the same affiliation ID, who had members attributed during the 12 month reporting period.

Number of Members/Member Months: The total number of members and their affiliated member months attributed to the report entity included in the report during the 12 month reporting period.

Member Panel Morbidity Index: This ratio expresses the relative retrospective risk of the report entity's attributed members compared to the retrospective risk for the attributed members for the peer group. Thus, a value equal to 1 would indicate that the burden of illness for the members attributed in this report is exactly the same as the burden of illness for all of the members captured by all providers in the peer group.

Overall Quality Index: This ratio represents the relative compliance rate, on rules from the set of evidence-based medicine measures included in the peer group definition, for members attributed to the report entity compared to the compliance rate of the peer group as a whole. The higher the index, the better the performance of the report entity relative to the peer group on these measures. This ratio will usually be different from the Quality Index in the Quality Measures section of the report, as that index only represents the relative performance for the subset of measures included in that section of the report.

Overall Cost Index, Population: This ratio represents the observed costs for the Episode Risk Groups (ERG) for members attributed to the report entity relative to the average costs for the exact same mix of ERGs for the peer group. The lower the number, the lower the risk adjusted costs are for the report entity relative to the peer group.

Confidence Intervals: Each index has a range that reflects the 90% confidence interval around the index value. The confidence intervals are used to indicate the reliability of the value. A 90% confidence interval represents the 90% statistical probability that the value actual value lies within that interval. As a general rule, the more episodes or EBM measures the narrower the confidence interval.

The asterisks associated with the confidence intervals represent the statistical significance of the difference between the index and the peer group average, expressed as a p value. This is attempting to answer the question, "is this entity's performance truly statistically different from peers?" The peer group index is 1.0. One asterisk, representing $p < 0.10$, would indicate that the answer to that question is yes, as the 90 % confidence interval does not include 1.0. Two asterisks, representing $p < 0.05$, would indicate that the answer to that question is a statistically stronger yes, as the 95% confidence interval does not include 1.0.

Member Panel

This section of the report is a tabular summary of the age and gender mix of the members attributed to the report entity with comparisons to the age and gender mix percentages across all providers in the peer definition.

Quality

Louisiana Healthcare Connections has chosen a subset of the evidence-based medicine quality measures to be displayed in this section of the report. The measures in this report are only for rules associated with the episodes for those members attributed to the report entity. The Number of Quality Opportunities in this section contains, in the total column, all patients who had an episode attributed to the report entity who met the requirements for inclusion in the quality measure denominator. The actual rate is the rate for the report entity, and the peer rate is the rate for the entire peer group. The quality index is the actual rate divided by the peer rate. The quality index total represents the index only for the rules displayed in the Quality Measures section of the report. It will typically be different than the Overall Quality Index in the Specialty Patterns of Care Section, which represents performance across all of the EBMs included in the peer group definition. Indices on individual quality measures should only be considered meaningful if there are sufficient numbers in the total opportunities column.

Cost and Use

Every claim that is part of an episode attributed to the report entity or the peer group is allocated into one of the seven service categories, based on CPT/Revenue code, place of service, rendering provider and ordering provider. This section of the report provides a ratio of the cost results for the report entity relative to the exact same mix of episodes, compared at the severity level, for the peer group. This, combined with the next section of the report, helps to illuminate specific drivers of cost variation from the peer group. Examples of services that are included in the different categories are:

Hospital Services:

- All inpatient facility services; Outpatient facility services, including surgery, diagnostic (other than imaging and lab), and facility-based PT/OT; DME/MedSurg supplies

Radiology

- Facility and professional components of radiology services, excluding therapeutic radiology. Selected diagnostic x-rays performed or ordered by a primary care provider are also excluded (these are assigned to Primary Care Core per below)

Laboratory

- Facility and professional components of laboratory and pathology services, excluding selected lab tests performed or ordered by a primary care provider and typically performed in a PCP/provider office

ER

- Professional and facility components of ER services

Primary Care Core

- Evaluation and management services rendered by a primary care provider (office visits, nursing home visits, preventive care – does not include inpatient visits, ER visits or consultations); CXR, abdominal XR, and sinus XR; Minor lab procedures; Minor procedures and diagnostic tests, including diagnostic endoscopy, EKG and pulmonary function tests

Specialty Care

- Evaluation and management services rendered by a provider other than a primary care provider; Diagnostic testing (other than lab and radiology); Allergy tests; Physical medicine and rehab; Professional component of surgery and anesthesia; Chemotherapy

Pharmacy

- All pharmacy claims

Cost and Utilization Summary Measures

This section provides the cost and encounter detail that drove the service category indices in the previous section. The information in this section of the report can help the report entity understand drivers of variation. Again, the values labeled actual represent the performance of the report entity. The encounters category can encompass a wide variety of unit types, ranging from E&M visits to units of chemotherapy administered. While caution should be exercised in some categories due to unit type variety, comparing the cost index in a service category with the relative ratio of the encounters can help illuminate whether units of service or mix of services is driving variation. The Actual Total Cost column provides the ability to get a sense of the relative importance of a particular service category variation to the overall cost variation for the report entity. For example, a total cost for a service category of \$50,000 with a cost index of 2.0 represents \$25,000 of cost variation (1.0 for the peer group would be \$25,000), while a total cost for a different service category of \$500,000 with a cost index of 1.25 represents \$100,000 of cost variation (1.0 for the peer group would be \$400,000). Note that that Overall Cost Index in this section is the same as in the Specialty Patterns of Care overview and is different, in most cases, from the Cost/Episode Index. That is because the Overall Cost Index is compiled from service category indices that are weighted depending on the peer group specialty. For example, the Primary Care Core category is weighted higher for an internist than for a general surgeon, while the Hospital category is weighted higher for a general surgeon than for an internist.

Utilization Rates Per 1,000 Episodes

This section provides additional detail for helping to hone in on report entity cost variation. Some of these rates tie directly to the service categories in the Cost Index Summary above. The rates reflect results for the report entity (actual) relative to the exact same mix of episodes, compared at the severity level, for the peer group. Note that the results are reported as rates per 1,000 episodes as opposed to per 1,000 patients. The exception to this is the generic prescribing rate, which is defined as number of generic prescriptions divided by the total number of prescriptions for the episodes attributed to the report entity. The index is calculated by dividing the actual rate by the peer rate. Note that the three inpatient measures may not be consistent with the Hospital service category above, as inpatient services are only one component of that category and typically represent less than half of the costs for the category.

Episode Detail

This section contains information similar to that in the Cost and Utilization Summary Measures section, except at a level of detail of the episode family. These are specific to the peer group, reflecting the most common episode families for that peer group, and there can be up to eight episode families displayed in a report. The Total Specialty Episode Costs represent the costs for all of the episodes in that episode family attributed to the report entity. The comparisons are exactly the same as in the Cost and Utilization Summary and can be used similarly to determine the significant drivers of any cost variation and whether that variation is being driven by units or mix of services. Again note that comparisons at the episode family level should only be considered meaningful if there are sufficient numbers of episodes (a minimum of 30 has been suggested by some authorities).

Member Quality Non-Compliance

This section contains additional information relating to the specific rules in the Quality Section of this report.

Identifying data is provided on individual patients who met the criteria for inclusion in the quality measure but for whom no claims evidence is present to indicate compliance with the measure. Each row represents a single rule for a single patient, so a patient may appear multiple times. There should be a row for each instance of noncompliance in the Quality Section.